

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000005155

1. Entity Name
GULF HAMMOCK HUNTERS ASSOCIATION, INC.



Principal Place of Business
**7769 N. BRAHMA TERR.
CRYSTAL RIVER, FL 34428-6845**

Mailing Address
**7769 N. BRAHMA TERR.
CRYSTAL RIVER, FL 34428-6845**



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1130399

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOBBY, H. CLYDE
5709 TIDALWAVE DR.
NEW PORT RICHEY, FL 34652-6845**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PROVEAUX, FRANCIS B
7769 N. BRAHMA TERR.
CRYSTAL RIVER, FL 344286845**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MAINWARING, JOHN E
4555 NW 100TH AVE.
CHIEFLAND, FL 326266960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GOMEZ, BOB
P. O. BOX 365
INGLIS, FL 34449**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
OLSON, MIKE
P. O. BOX 145
ELFERS, FL 346800145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BAILLIE, J.S. JR.
2153 GRAND BLVD.
HOLIDAY, FL 346904554**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000813253
02/12/08-80083-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Francis B. Proveaux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08 *352-745-0179*
Date Daytime Phone #